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Material Incorporated by Reference

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MAP-82001 Drug Prior Authorization Request Form October 18, 2004 Edition

MAP-82101 Brand Name Drug Override Request Form October 18, 2004

MAP-012802 PPI and H2 Blocker Request Form October 18, 2004 Edition

Filed: January 28, 2005



Drug Prior Authorization

Request Form (MAP-82001, revised 10/18/04) Submitted by: [] Prescriber [] Pharmacy

FAX to 800-365-8835 (toll free)

For **URGENT** Requests Only, FAX to **800-421-9064** (toll free)
For **NURSING FACILITY** Requests Only, FAX to **800-453-2273** (toll free)

Approval does not ensure eligibility. Please verify Medicaid eligibility before completing this form.						MAIL to PA Unit, 14955 Heathrow Forest Pkwy. Houston, TX 77032 Put return address below:				
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-	DRUG #4									



BRAND NAMEDRUG REQUEST FORM

(MAP-82101, revised 10/18/04)

#2

Approval does not ensure eligibility. Please verify Medicaid eligibility before completing this form.

FAX to 800-365-8835 (toll free)

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For NURSING FACILITY Requests Only, FAX to 800-453-2273 (toll free)

MAIL to PA Unit, 14955 Heathrow Forest Pkwy. Houston, TX 77032 Put return address below:

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PPI and H2 BLOCKER Request Form (MAP-012802, revised 10/18/04)

Submitted by: [] Prescriber [] Pharmacy

Approval does not ensure eligibility. Please verify Medicaid eligibility before completing this form.

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MAIL to PA Unit, 14955 Heathrow Forest Pkwy. Houston, TX 77032 Put return address below:

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	one #									
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	[]	[]	For Pl	PI requests: I	s the request fo	r initial or new treatment	with a PPI?			
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